



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
10/06/2010C/O15/025 Incoming
cc: Angela

R

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|--|---------------------------------------|
| PRODUCER Aon Risk Insurance Services West, Inc. Fresno CA Office 5260 North Palm Avenue Suite 400 Fresno CA 93704 USA | CONTACT NAME: | |
| | PHONE (A/C. No. Ext): (559) 449-7200 | FAX (A/C. No.): (559) 439-0863 |
| INSURED Castle Valley Mining LLC P.O. Box 1169 Pikeville KY 41502 USA | E-MAIL ADDRESS: | |
| | PRODUCER CUSTOMER ID #: 570000031836 | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: National Union Fire Ins Co of Pittsburgh | NAIC # 19445 |
| | INSURER B: Lexington Insurance Company | 19437 |
| | INSURER C: Illinois Union Insurance Company | 27960 |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

Holder Identifier :

COVERAGES**CERTIFICATE NUMBER:** 570040425231**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown as requested

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|--|-------------------------|-------------------------|---|---------------------------------|
| A | GENERAL LIABILITY | | | General Liability | 05/31/2009 | 12/01/2010 | EACH OCCURRENCE | \$1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | DAMAGE TO RENTED PREMISES (Ea occurrence) | | | | \$1,000,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | MED EXP (Any one person) | | | | \$10,000 | |
| | <input checked="" type="checkbox"/> Blasting | | PERSONAL & ADV INJURY | | | | \$1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| <input type="checkbox"/> POLICY | <input type="checkbox"/> PRO-JECT | <input checked="" type="checkbox"/> LOC | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 | |
| A | AUTOMOBILE LIABILITY | | | Business Auto | 05/31/2009 | 12/01/2010 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | BODILY INJURY (Per person) | | | | | |
| | <input type="checkbox"/> ALL OWNED AUTOS | | BODILY INJURY (Per accident) | | | | | |
| | <input type="checkbox"/> SCHEDULED AUTOS | | PROPERTY DAMAGE (Per accident) | | | | | |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | | |
| <input checked="" type="checkbox"/> NON OWNED AUTOS | | | | | | | | |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | | Umbrella (\$4M) SIR applies per policy terms & conditions | 06/01/2009 | 12/01/2010 | EACH OCCURRENCE | \$4,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | AGGREGATE | | | | \$4,000,000 | |
| | <input type="checkbox"/> DEDUCTIBLE | | Deductible or Retent | | | | \$10,000 | |
| | <input checked="" type="checkbox"/> RETENTION | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input type="checkbox"/> WC STATU-TORY LIMITS | <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y/N | N/A | | | | E.L. EACH ACCIDENT | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-EA EMPLOYEE | |
| | | | | | | | E.L. DISEASE-POLICY LIMIT | |
| C | Pollutn/Env Imp | | | Pollution | 06/01/2010 | 06/01/2012 | Aggregate Limit | \$1,000,000 |
| | | | Per Claim Limit | | | | \$1,000,000 | |
| | | | | | | | SIR/Deductible | \$25,000 |

Certificate No : 570040425231

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Castle Valley Mine, Permit C/015/025

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Utah Division of Oil, Gas & Mining 1594 West North Temple, Suite 1210 PO Box 145801 Salt Lake City UT 84114-5801 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE <i>Aon Risk Insurance Services West Inc.</i> |